Loop ID	Data Element ID	Loop Name	Data Element Name	Type/Size	Destination DB Table	Use Processing or Reporting	Comments
2010AA	NM109	Billing Provider	Billing Provider Tax ID	AN 1/80 Make 9	EC-FACL-CLM	Reporting	This wil allow the same functionality as claims currently has. The ability to know the 'group' affiliation.
2300	CLM11-4	Claim Information	Auto Accident State or Province Code	ID 2/2	EC-FACL-CLM	Reporting.	
2300	CLM11-5	Claim Information	Country Code	ID 2/2	EC-FACL-CLM	Reporting.	
2300	CLM12	Claim Information	Special Program Indicator	ID 2/3	EC-FACL-CLM	Reporting.	Allowable Values are: 01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 Physically Handicapped Children's Program 03 Special Federal Funding This code used for Medicaid claims only. 05 Disability This code used for Medicaid claims only. 07 Induced Abortion - Danger to Life This code used for Medicaid claims only. 08 Induced Abortion - Rape or Incest This code used for Medicaid claims only. 09 Second Opinion or Surgery This code used for Medicaid claims only.
2300	CLM20	Claim Information	Delay Reason Code Not critical for processing on Jan 1.	ID 1/2	EC-FACL-CLM	Processing. Used to bypass late filing edits - or by Encounter Validation Staff. May be used to waive timeliness limits, encounter validation staff would have to do this manually or using a new report. This would be the HEALTH PLAN'S reason for filing late, not the information from the originally submitted claim.	Valid Values are: 1 Proof of Eligibility Unknown or Unavailable 2 Litigation 3 Authorization Delays 4 Delay in Certifying Provider 5 Delay in Supplying Billing Forms 6 Delay in Delivery of Custom-made Appliances 7 Third Party Processing Delay 8 Delay in Eligibility Determination 9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules 10 Administration Delay in the Prior Approval Process 11 Other
2300	DTP03	Claim Information	Accident Date DTP01 = 439 DTP02 = D8 CCYYMMDD DT = CCYYMMDDHHMM	AN 1/30	EC-FACL-CLM	Reporting.	

Loop ID	Data Element ID	Loop Name	Data Element Name	Type/Size	Destination DB Table	Use Processing or Reporting	Comments
2300	PWK01	Claim Information	Attachment Report Type	ID 2/2	EC-FACL-CLM	The next three elements would be used together for Processing. Used to bypass service limit edits or other type of medical review limits. For example, Factor 8 drugs.	Valid Values are: 77 Support Data for Verification AS Admission Summary B2 Prescription B3 Physician Order B4 Referral Form CT Certification DA Dental Models DG Diagnostic Report DS Discharge Summary EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer) MT Models NN Nursing Notes OB Operative Note OZ Support Data for Claim PN Physical Therapy Notes PO Prosthetics or Orthotic Certification PZ Physical Therapy Certification RB Radiology Films RR Radiology Reports RT Report of Tests and Analysis Report
2300	PWK02	Claim Information	Attchment Transmission Code	ID 1/2	EC-FACL-CLM		Valid Values are: AA = Available on Request at Provider Site This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request. BM = By Mail EL = Electronically Only Use to indicate that attachment is being transmitted in a separate X12 functional group EM = E-Mail FX = Fax
2300	PWK06	Claim Information	Attachment Control Number	AN 2/80	EC-FACL-CLM		
2300	REF02	Claim Information	REF01 = "EA"Move REF02 = **Medical Record**	AN 1/30	EC-FACL-CLM	Reporting.	
2310C OR 2420B	REF02	Purchased Service Provider Name	NM101 = QB (Purchased Service Provider) REF01 = "1D" REF02 = **Purchased Service Provider Secondary Identifier**	AN 1/30	EC-FACL-DTL	Reporting Use for Transplant Services	Reporting. Must have an AHCCCS ID.
2400	PS102	Purchased Service Information	Purchased Service Charge Amount	R 1/18	EC-FACL-DTL	Reporting. Use for Transplant Services	Reporting. Must have an AHCCCS ID.

Loop ID	Data Element ID	Loop Name	Data Element Name	Type/Size	Destination DB Table	Use Processing or Reporting	Comments
2310D or 2420C	NM101	Service Facility Location	Entity Identifier Code	ID 2/3	EC-FACL-DTL	Reporting	The purpose of the 2310D is to identify specifically where the service was rendered (do not use for home).
2310D or 2420C	NM103	Service Facility Location	Laboratory or Facility Name	AN 1/35	EC-FACL-DTL	Reporting	
2310D or 2420C	NM109	Service Facility Location	Laboratory/Facility Primary Identifier	AN 2/80 Need AN 1/9	EC-FACL-DTL	Reporting	77 = Service Facility FA = Facility LI = Independent Lab TL = Testing Lab
2310D or 2420C	REF02	Service Facility Location Secondary Identification	Service Facility secondary Identifier Where 2420C/REF01 = "1D" Move REF02 Else if 2310D/REF01 = "1D", Move REF02 Else Move None	AN 1/30 Need AN 1/8	EC-FACL-DTL	Reporting (There is a problem with state lab information not being reported correctly, i.e., Lead Screenings.)	*Note: There is no Service Facility Name
	N/A		CAS Indicator		**EC-FACL-CAS**	Reporting. Indicate if the adjustment if from the header or line CAS segment	"C" if 2300 "L" if 2430
2320 / 2430	CAS01	Other Subscriber Information/ Claim Level Adjustments	Claim Adjustment Group Code	ID 1/2	**EC-FACL-CAS**	Reporting	These Elements can appear multiple times, for multiple payers. There is a Max of 10 2320 repeats, within each 2320 repeat the possibilities are: 5 per 2300, 6 per segment (30) at the header level 99 per 2430, 6 per segment (594) per detail line
2320 / 2430	CAS02/05/08/ 11/14/17	Other Subscriber Information/ Claim Level Adjustments	Adjustment Reason Code	ID 1/5	**EC-FACL-CAS**	Reporting Denials, Partial Denials, Cutbacks, etc. at the header level	
2320 / 2430	CAS03/06/09/12 /15/18	Other Subscriber Information/ Claim Level Adjustments	Adjustment Amount	R 1/18	**EC-FACL-CAS**	Reporting Adjustment Amount	
2320 / 2430	CAS04/07/10/13 /16/19	Other Subscriber Information/ Claim Level Adjustments	Adjustment Quantity	R 1/15	**EC-FACL-CAS**	Reporting Adjustment Quantity	
2320	AMT02	COB Payer Claim Paid Amount	D - Payer Paid Amount	R 1/18	EC-FACL-CLM	Reporting Paid Amount	This needs to be stored as the Other Payer ID AND the paid amount together for tracking.
2320	AMT02	COB Payer Allowed Amount	B6 - Allowed Amount	R 1/18	EC-FACL-CLM	Reporting Allowed Amount	This needs to be stored as the Other Payer ID AND the paid amount together for tracking.

Loop ID	Data Element ID	Loop Name	Data Element Name	Type/Size	Destination DB Table	Use Processing or Reporting	Comments
2330B	SBR09	Other Payer Name	Claim Filing Indicator Code	R 1/2	EC-FACL-CLM	Reporting.	Indicates type of other payer, 09 Self-pay 10 Central Certification 11 Other Non-Federal Programs 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical BL Blue Cross/Blue Shield CH Champus 1649 NSF Reference: 1649 CA0-23.0 (H), DA0-05.0 (H) CI Commercial Insurance Co. DS Disability HM Health Maintenance Organization LI Liability LM Liability Medical MB Medicare Part B MC Medicaid OF Other Federal Program TV Title V VA Veteran Administration Plan (Refers to Veteran's Affairs Plan) WC Workers' Compensation Health Claim ZZ Mutually Defined (Unknown)
2330B	NM103	Other Payer Name	Other Payer Last or Organization Name	AN 1/35	EC-FACL-CLM	Reporting	
2330B 2320	NM103	Other Payer Name	Other Payer Primary Identifier	AN 2/80	EC-FACL-CLM	Reporting	
2330B	DTP03	Other Payer Name	DTP01 = 573 (Date Claim Paid) DTP02 = D8 DTP08 = **Adjudication or Payment Date**	AN 1/35	EC-FACL-CLM	Reporting	
2330B	REF02	Other Payer Name	Other Payer Secondary Identifier **"F8" Health Plan Claim Number**	AN 1/30	EC-FACL-CLM	Reporting	Sent back to health plans on most encounter reports. 277U and supplemental file.
2330B	REF02	Other Payer Name	Other Payer Secondary Identifier	AN 1/30	EC-FACL-CLM	Reporting	
2330B	REF02	Other Payer Name	REF01 - 9F (Referral Number) REF02 = **Other Payer Prior Authorization or Referral Number**	AN 1/30	EC-FACL-CLM	Processing Used to bypass edits.	Two occurrences allowed, use first.

Loop ID	Data Element ID	Loop Name	Data Element Name	Type/Size	Destination DB Table	Use Processing or Reporting	Comments
2330B	REF02	Other Payer Name	REF01 - G1 (Prior Authorization Number) REF02 = **Other Payer Prior Authorization or Referral Number**	AN 1/30	EC-FACL-CLM	Processing Used to bypass edits.	Two occurrences allowed, use first.
2330B	REF02	Other Payer Name	REF01 - T4 (Signal Code) REF02 = **Other Payer Claim Adjustment Indicator**	AN 1/30	EC-FACL-CLM	Processing and Reporting.	Allowable value us "Y" indicating that the payer in this loop has previously adjusted this claim and sent a record of that claim to the destination payer (AHCCCS). The claim being transmitted in this iteration of the 2300 loop is a readjudicated version of that claim
2400	SV101-5	Service Line	Modifier #3	AN 2/2	EC-FACL-DTL	Reporting	
2400	SV101-6	Service Line	Modifier #4	AN 2/2	EC-FACL-DTL	Reporting	
			Medicare CoInsurance		EC-FACL-DTL	Reporting	Calculated amount based on CAS segments.
2400	AMT02	Service Line	Approved Amount		EC-FACL-DTL	Reporting.	
2400	REF02	Service Line	REF01 = 6R (Provider Control Number) REF02 = **Line Item Control Number**	AN 1/30	EC-FACL-DTL	Returned on in the U277	
2410	LIN03	Drug Identification	NDC in 5-4-2 Format	AN 1/48	**EC-FACL-NDC**	Reporting. There will be only 5.	25 possible occurrences. How many to store per line? Per Brent - 5, same as claims.
2320	REF02	Rendering Provider Name	Use the 1st occurrence of the Rendering Secondary ID, where REF01 = "1D" (no matter how many there may be)	AN 1/80	EC-FACL-CLM	Processing	
2430	SVD01	Line Adjudication Information	Other Payer Primary Identifier	AN 2/80	EC-FACL-DTL	Reporting	
2430	SVD02	Line Adjudication Information	Service Line Paid Amount	R 1/18	EC-FACL-DTL	Reporting	
2430	SVD05	Line Adjudication Information	Quantity	R 1/15	EC-FACL-DTL	Reporting	
2430	DTP03	Line Adjudication Information	Adjudication or Payment Date	AN 1/35	EC-FACL-DTL	Reporting	
		Health Plan Flag	Indicator that this is the Health Plan Paid Amount for this line	AN 1/1		Reporting/Processing	the Map will create this flag when SVD01 = 1000A, NM109 (submitter id and TSN)
		Health Plan Flag	Indicator that this is the Health Plan Paid Amount for this line	AN 1/1		Reporting/Processing	the Map will create this flag when SVD01 = 1000A, NM109 (submitter id and TSN)
			Mercator Thread ID	X(28)			
	ISA06		Sender ID	X(15)	EC-TRANS-LOG		
	ISA09		Interchange Date	X(6)	EC-TRANS-LOG		
	ISA13		Interchange Control Number	9(9)	EC-TRANS-LOG		
	GS02		Application Senders Code	X(15)	EC-TRANS-LOG		
	GS04		Date	X(8)	EC-TRANS-LOG		
	GS05		Time	X(4)	EC-TRANS-LOG		

Loop ID	Data Element ID	Loop Name	Data Element Name	Type/Size	Destination DB Table	Use Processing or Reporting	Comments
	GS06		Group Control Number	9(9)	EC-TRANS-LOG		
	BHT03		Originator Application Transaction Number	X(30)	EC-TRANS-LOG		
	BHT04		Transaction Set Creation Date	9(8)	EC-TRANS-LOG		
	BHT05		Transaction Set Creation Time	9(8)	EC-TRANS-LOG		
					EC-TRANS-LOG		